

HHS/CDC Global AIDS Program (GAP) in Tanzania – FY 2003



About the Country of Tanzania

Capital City: Dodoma

Area: 945,090 sq km

Population: 34.4 million

The HIV/AIDS Situation in Tanzania

HIV Infected: 2.2 million¹

AIDS Deaths: 140,000²

AIDS Orphans: 1.5 million³

Tanzania has one of the highest national HIV/AIDS prevalence rates in the world. As the largest country in East Africa, it bears a large share of the global epidemic, with an estimated HIV prevalence of 8.1% among adults aged 15-49. Among the 2.2 million people living with HIV/AIDS (PLWHA), 70.5% are 25-49 years old; 15% are 15-24 years, and 60% of new infections occur among youth aged 15-24 years.

Though nearly 140,000 deaths were attributed to HIV/AIDS in 2001, it is estimated that only one in five cases are actually reported, grossly understating the extent of the epidemic. AIDS-related deaths contributed to a total of 1.5 million orphans in 1999. The overall prevalence of HIV infection among blood donors in 2001 was 11%, and there was increased risk of HIV infection reported among married men and women in 2000. Of the 800,000 women who gave birth in health care facilities, 13.3% were HIV-positive; among women attending antenatal clinics (ANCs) in 2002, 9.6% were HIV-positive. In addition, there are less than 2,000 HIV/AIDS patients receiving antiretroviral therapy (ART) treatment in Tanzania.

About the Global AIDS Program in Tanzania

Year Established: 2001

FY 2003 Budget: \$4.78 million USD

In-country Staffing: 1 CDC Direct Hire; 9 Locally Employed Staff⁴

Program Activities and Accomplishments

In FY 2003, GAP Tanzania achieved the following accomplishments in the highlighted areas:

HIV Prevention

- Completed administrative planning for renovation/construction of four zonal blood transfusion centers with support from the Regional Procurement Support Office (RPSO) in Frankfurt.
- Worked to finalize the preparations for the establishment of a National Blood Transfusion Service (NBTS) and needs assessment in all four zones.

¹ Figure represents a 2003 estimate taken from unpublished data in the GAP M&E Annual Report.

² Figure represents a 2001 estimate taken from the CIA World FactBook, <http://cia.gov/cia/publications/factbook/geos/et.html>.

³ Figure represents a 2001 estimate taken from unpublished data in the GAP M&E Annual Report.

⁴ Figure represents a May 2004 census taken by GAP staff; staffing subject to change.

- Provided technical support for a training workshop to outline zonal blood transfusion services, and develop guidelines for clinical use of blood and blood products.

Preventing Mother-to-Child HIV Transmission (PMTCT)

- Worked with the Institute of Public Health (IPH), Muhimbili University of Health Sciences, and the Ministry of Health (MOH) to evaluate PMTCT pilot sites in Tanzania.
- Conducted a needs assessment and developed a 3-year plan for expansion of PMTCT services to all 21 regions in the country by June 2006.
- Organized a training workshop for PMTCT expansion sites to develop a PMTCT services expansion plan. A total of 32 staff from six regions and former pilot sites participated in the training.
- Provided technical assistance to finalize the development of national PMTCT guidelines.
- Developed the Initial Program Proposal (IPP), Initial Obligation Plan (IOP), and Implementation Plan (IP) for the President's International Mother and Child HIV Prevention Initiative (PMTCT Initiative).
- Assisted in developing a PMTCT National Monitoring and Evaluation (M&E) framework.

Surveillance and Infrastructure Development

- Assisted the revision of the national HIV/syphilis sentinel surveillance methods.
- Centralized testing of all samples from participating antenatal clinics (ANCs).
- Established methods of dried blood spot collection.
- Revised protocol and tools to develop a draft protocol for surveillance of AIDS cases, sexually transmitted infection (STI) cases/syndromes, and antimicrobial susceptibility patterns for STI pathogens.
- Conducted Behavior Surveillance Surveys (BSS).
- Improved the collection and analysis of HIV/AIDS/STI data.
- Published the surveillance of HIV and syphilis among ANC clinical enrollees and HIV/AIDS/STI Surveillance Report.
- Finalized data analysis and developed the surveillance report for 2002 data.
- Assisted the National AIDS Control Program (NACP) with preparations for the 2003 surveillance round, which involved procurement of personnel, equipment, and supplies for surveillance; training of 165 persons from 10 ANC HIV/STI surveillance regions; and renovation of a storage facility for timely distribution of surveillance supplies.
- Carried out a rapid assessment to establish needs for strengthening regional laboratories in five surveillance regions.
- Performed a three-phase rapid test kit evaluation for HIV.

Other

- Worked with the U.S. Agency for International Development (USAID) to increase collaboration and held regular meetings of the Country Directors with the Deputy Chief of Mission (DCM). Collaboration included joint preparation of the implementation plan for the PMTCT Initiative and planning for the President's Emergency Plan for AIDS Relief (the Emergency Plan).

Challenges

- There is a critical shortage of skilled and experienced staff that challenges the planning, timing, and administration of surveillance and infrastructure training and capacity building.
- Effective coordination with partners and stakeholders is needed to maximize success.